

MAIL TO:

Department of Environmental Quality
Division of Water Quality
P.O. Box 144870
Salt Lake City, Utah 84114-4870

Well Class: _____
Inventory ID No.: _____
Risk: Hyd. _____ Chem. _____
Date Entered: ____/____/____ By: _____
(Do NOT fill in this box; for DWQ use only)

UTAH UNDERGROUND INJECTION CONTROL PROGRAM INVENTORY INFORMATION

General Facility And Injection Well Information

Please provide the information requested below. This form is to be submitted by the owner or operator of a facility having one or more injection wells. Please type or print (ink).

This submission does not relieve the applicant of any liability for ground water cleanup or any claim for resource damage if ground water contamination is traced to the injection wells shown on this form.

1. Facility Information.

A. Facility Name: _____ Phone No.: _____

B. Local Address: _____
(Number & Street, Route, City, Zip Code)

C. Mail Address: _____
(If Different Than Above; Number & Street, Box and/or Route, City, State, Zip Code)

D. Facility Location* _____ County: _____

T. _____, R. _____, Sec. _____, _____ 1/4 of _____ 1/4,
Lat. _____ ° _____ ' _____ " N, Long. _____ ° _____ ' _____ " W

*Note: A topographic map or detailed aerial photograph should be used to locate the facility or well.

2. Well Owner/Operator/Legal Contact Information.

A. Owner

1) Name: _____ Phone No.: (____) _____

2) Mail Address _____
(Number & Street, Box and/or Route, City, State, Zip Code)

B. Operator (if different than Owner above)

1) Name: _____ Phone No.: (____) _____

2) Mail Address _____
(Number & Street, Box and/or Route, City, State, Zip Code)

C. Legal Contact

1) Name: _____ Phone No.: (____) _____

2) Title: _____

3) Mail Address: _____
(Number & Street, Box and/or Route, City, State, Zip Code)

4) Organization: _____

3. Type of Facility (check one)

☐ Private ☐ Public (State or Local) ☐ Indian ☐ Federal

☐ Other, please describe: _____

4. Injection Well Status: (indicate number of wells in the appropriate categories)

[] Active [] Temporarily Abandoned [] Permanently Abandoned
 [] Proposed [] Under Construction / Modification

5. SIC Codes: _____
 Enter Principal 3 Digit Code Numbers Used in Census & Other Government Reports

6. Construction Details. Enter requested information for each well noted in 4 above (use additional forms as needed). If all wells use the same construction methods please note. If data is not available enter NAV. If category is not applicable enter NAP. Enter proposed details if wells are not yet constructed. Well diagram may be substituted.

	Well #1	Well #2	Well #3	Well #4
A. Well Identification (Well Number / Name)	_____	_____	_____	_____
B. Well Depth	_____	_____	_____	_____
C. Casing Type (For drywells Duracrete, etc.)	_____	_____	_____	_____
D. Casing Diameter	_____	_____	_____	_____
E. Grout Type	_____	_____	_____	_____
F. Screened Interval	_____	_____	_____	_____
G. Water Elevation (Indicate if Artesian)	_____	_____	_____	_____
H. Well Elevation	_____	_____	_____	_____
I. Injection Pressure	_____	_____	_____	_____
7. Initial Date of Injection:	_____	_____	_____	_____
8. Injection Fluid Description:	_____	_____	_____	_____
9. Injection Fluid Source:	_____	_____	_____	_____
10. Annual Volume Injected (gallons per year)	_____	_____	_____	_____
11. Comments:	_____			

The information below should be provided by the person filling out the form:

NAME & OFFICIAL TITLE (type or print) _____ (_____) _____
 PHONE NO.

SIGNATURE _____ DATE SIGNED _____